

systems of care and perform the following functions:

1. Assess community service area (for example: demographics, estimate of numbers eligible, location of groups);
  2. Develop resource inventories of service area;
  3. Determine components of local provider networks and recruit a network of providers;
  4. Identify at risk groups;
  5. Identify unmet service needs;
  6. Identify barriers to care (for example: access to affordable care, provider availability, acceptance of Medicaid reimbursement, Medicaid eligibility);
  7. Develop outreach programs to identify and intervene with patients early in their care;
  8. Develop outcome objectives;
  9. Develop prenatal and infant health care services plans that will lead to coordinated systems of care;
  10. Allocate HRS State Health Office funding resources to providers;
  11. Implement the health care services plans; and
  12. Monitor service delivery, and implement a quality improvement program.
- D. Identify state funding resources in the State Health Office budget for coalitions to allocate to providers for providing non-Medicaid covered services;
- E. Assure that local agencies including HRS county

public health units (CPHUs), district offices and other parties remain informed and participate in these coordinated systems of care;

F. Serve as contract manager for the coalitions and monitor contracts to assure that stated deliverables are provided and established objectives are met. This will be done through review of deliverables, quarterly reporting by the coalitions throughout the contract year, site visits by State Health Office staff, attendance at coalition meetings, and quarterly meetings of coalitions;

G. Provide training and technical assistance to coalitions as needed to assist in compliance with contract provisions and facilitate development of coordinated systems of care.

**II. The Agency for Health Care Administration is responsible to:**

A. Provide training and technical assistance to coalitions on Medicaid programs and policies.

B. Provide to the coalitions information regarding Medicaid providers as required for conducting community assessment.

C. Assist the State Health Office in monitoring the coalition contracts.

D. Assist coalitions in efforts to develop a comprehensive provider network that serves indigent clients.

E. Actively recruit providers to participate in the Medicaid program.

F. Provide information regarding Healthy Start to recipients and providers as necessary to assure an understanding of the program and to encourage acceptance and active participation.

### III. Funding:

A. Funding shall be earned by the Department of Health and Rehabilitative Services through Title XIX, Medicaid. Allowable costs for the coalition contracts shall be allocated to Medicaid at a rate of match equalling 45 percent of the total funding awarded through contract with each coalition. The 45 percent matching rate assumes that 90 percent of coalition services relate to Medicaid eligible women. If upon audit the percent is adjusted downward and funding is disallowed at the 45 percent rate, HRS is responsible for the funding of the disallowance.

B. The Healthy Start Act requires a local cash or in-kind contribution of 25 percent of the cost of the coalition. Medicaid's financial participation shall be 50 percent of the net coalition expenditures (total less local cash or in-kind contributions).

C. Funds advanced under the coalition contracts will be funded 100 percent from state General Revenue funds. Only actual expenditures will be reimbursable under Medicaid.

D. The State Health Office shall provide the general revenue required to fund 50 percent of the net expenditures (less local cash or in-kind contributions).

E. The State Health Office is responsible for funding any expenditures disallowed by HCFA related to the coalition contracts.

F. The Medicaid Office will audit expenditures under these contracts at least annually in coordination with the annual financial and compliance audit conducted by HRS.

**UTILIZATION CONTROL PROGRAM FOR  
INSTITUTIONAL CARE APPLICANTS AND RECIPIENTS**

The following Department of Health and Rehabilitative Services program offices have responsibilities pertaining to institutional care. The Aging and Adult Services Program Office has responsibility for the administration of health and related programs for aged and adult individuals. Children's Medical Services has responsibility for the administration of programs and services for children with special health care needs (Title V). The Developmental Services Program Office has responsibility for the administration of supports and services for individuals who have a diagnosis of mental retardation or other developmental disability excluding epilepsy. The Alcohol, Drug Abuse and Mental Health Program Office has responsibility for the provision of a continuum of mental health care and evaluations through contractual agreements with local mental health centers.

The Agency for Health Care Administration, Division of Health Quality Assurance has responsibility for licensing of all long-term care facilities and administering the surveys and inspections necessary to ensure compliance with certification conditions and standards of participation.

In general, the above offices have responsibility for

ensuring that timely, appropriate, efficient, quality and effective institutional care services are provided to Medicaid institutional care recipients. Each HRS district and AHCA area office has responsibility of implementing, at the local level, prescribed utilization control policies and procedures in accordance with established state and federal rules and regulations and in accordance with prescribed policies and procedures.

Federal regulations for Title XIX mandate that the state implement a statewide surveillance and utilization control (UC) program that safeguards against unnecessary and inappropriate use of institutional care services by Medicaid recipients, against excessive institutional care payments and ensures the provision of quality care and services. Therefore, in the interest of meeting these federal mandates, coordinating the nursing home reform requirements of the Omnibus Budget Reconciliation Act (OBRA) of 1987, and maximizing resources to better serve Medicaid institutional care applicants and recipients, these headquarters and HRS district and AHCA area offices agree to the following provisions relating to Medicaid provider facilities and their recipients (and not applicable to private pay facilities):

**I. General Provisions**

A. To coordinate, as applicable, with the Medicaid Office in the development and issuance of policy statements or policy changes, training, monitoring, and survey

procedures regarding applicants, recipients and providers of institutional care.

B. To share institutional care information, reports and statistical data.

C. To collaborate in the development of a full continuum of Medicaid reimbursable health and related care services for applicants and recipients of Medicaid institutional care that encourage the least restrictive, efficient, and most cost effective use of facilities and services.

D. To collaborate in the development of institutional care admission and continued placement criteria.

E. To provide representation and ensure participation, as appropriate, in local intradepartmental pre-admission reviews of children who are applying for Medicaid reimbursement for nursing facility services.

F. To adhere to state and federal rules and regulations pertaining to Medicaid utilization control of institutional care services.

G. To provide representation and ensure participation in workgroups and committees as necessary to provide technical assistance and coordination of the statewide institutional utilization control program.

H. To provide training to providers as necessary.

I. To provide administrative oversight and technical assistance to the district staff in the performance of designated functions.

II. The Agency for Health Care Administration (AHCA),  
Medicaid Office

The Headquarters Medicaid Office shall perform the following functions:

A. Promulgate, distribute and maintain institutional care admission and continued placement criteria;

B. Provide technical assistance and consultation as necessary;

C. Provide clarification of institutional care criteria;

D. Serve as the Medicaid liaison with the Department of Health and Human Services (HHS) regarding the Title XIX, Medicaid, state plan and state plan requirements;

E. Prepare and submit, on a timely basis, federally required preadmission screening and annual resident review reports, and inspection of care reports (Quarterly Showing Report);

F. Provide clarification of federal requirements;

G. Maintain and update administrative rules, in collaboration with HRS and Health Quality Assurance, relating to institutional utilization control and admission and continued placement criteria; and

H. Monitor the statewide institutional utilization control program and the nursing facility pre-admission screening and annual resident review (PASARR) process.

The Area Medicaid Offices shall perform the following functions:



- A. Provide technical assistance when requested.
- B. Provide oversight at the local level upon request or as deemed necessary.

**III. HRS Aging and Adult Services Program Office**

The State HRS Aging and Adult Services Program Office shall perform the following functions:

- A. Establish, distribute and maintain written admission review, follow-up placement and continued placement determination policies, procedures, and forms.
- B. Establish, distribute and maintain written screening and referral policies, procedures, and forms.
- C. Prepare and provide report data as needed concerning the admission review and mental illness (MI) and mental retardation/developmental disabilities (MR-DD) screening.
- D. Provide input or respond, as necessary, to HHS inquiries relating to admission review and MI and/or MR-DD screening.
- E. Monitor the accuracy and timeliness of pre-admission and continued placement reviews performed by the district pre-admission teams.
- F. Ensure the establishment of adequate teams, as available resources allow, to assure timely completion of functions performed by the teams in accordance with the provisions of this agreement.
- G. Provide or contract for such psychiatric, medical and related staff as required to enable the teams to carry

out the specific responsibilities detailed in this agreement.

The District HRS Aging and Adult Services Program  
Offices shall perform the following functions:

A. Ensure that each Medicaid applicant's or recipient's (age 21 and older) need for nursing facility, mental hospital or swing bed facility services is evaluated by the Comprehensive Assessment and Review for Long Term Services (CARES) teams and a level of care established or an alternate placement determination rendered.

B. Ensure that all admission reviews are performed appropriately and timely.

C. Ensure that all Medicaid nursing facility applicants (age 21 and older) who appear to have mental illness (MI) or mental retardation/developmental disability (MR-DD) are identified.

D. Ensure that each Medicaid nursing facility applicant (age 21 and older) identified by Aging and Adult Services, or private pay applicant (age 21 and older) identified by a nursing facility, as possibly having MI or MR-DD is appropriately referred by CARES for an evaluation and a determination made regarding the need for specialized services.

E. Ensure that local Developmental Services offices are advised of all Medicaid nursing facility applicants or recipients determined to require MR-DD evaluations and ensure that the Alcohol, Drug Abuse and Mental Health